

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street)

2021 Massachusetts Avenue, NW

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00411553

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Randell K. Wexler, MD

Signature of Treasurer

Electronically Filed by Randell K. Wexler, MD

Date

0 1

3 1

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M M  
1 1D D  
2 3Y Y Y Y  
2 0 1 0

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		263211.18
(b) Cash on Hand at Beginning of Reporting Period .....	235394.79	
(c) Total Receipts (from Line 19) .....	24032.86	359937.45
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	259427.65	623148.63
7. Total Disbursements (from Line 31) .....	5539.86	369260.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	253887.79	253887.79
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	15469.84	272918.68
(ii) Unitemized .....	7545.24	80040.65
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	23015.08	352959.33
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	23015.08	352959.33
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1017.78	6478.12
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	24032.86	359937.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	24032.86	359937.45

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	539.86	7310.84	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	539.86	7310.84	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	361500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	450.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	450.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5539.86	369260.84	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5539.86	369260.84	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	23015.08	352959.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23015.08	352509.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	539.86	7310.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1017.78	6478.12
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-477.92	832.72

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carla Renee Ainsworth, MD

Mailing Address 4933 51st Ave S

City

Seattle

State

WA

Zip Code

98118-2051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 1 0

Transaction ID: C1157522

Amount of Each Receipt this Period

30.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Alberda, MD

Mailing Address 1313 Red River St Ste 100

City

Austin

State

TX

Zip Code

78701-1923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seton

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: C1154685

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Janet R Albers, MD

Mailing Address PO BOX 19670

City

Springfield

State

IL

Zip Code

62794-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIU Family Medicine Ctr

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1157528

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

70.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mohammed Ashraf, MD

Mailing Address 7200 Manchester Rd

City

Saint Louis

State

MO

Zip Code

63143-2403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
People Health Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C1150087

Amount of Each Receipt this Period

91.25

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey D Bachtel, MD

Mailing Address 182 East Ave

City

Tallmadge

State

OH

Zip Code

44278-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bachtel & Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: C1157536

Amount of Each Receipt this Period

46.00

**C.**

Full Name (Last, First, Middle Initial)

Frederic Baker, MD

Mailing Address 32 Mark Cir

City

Holden

State

MA

Zip Code

01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UMMHC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: C1161330

Amount of Each Receipt this Period

43.64

**SUBTOTAL** of Receipts This Page (optional) .....

180.89

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joane Goforth Baumer, MD

Mailing Address 1500 S Main St

City

Fort Worth

State

TX

Zip Code

76104-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1157529

Amount of Each Receipt this Period

210.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Harris Belfer, DO

Mailing Address 10330 N Meridian St Ste 300

City

Indianapolis

State

IN

Zip Code

46290-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1147929

Amount of Each Receipt this Period

36.50

**C.**

Full Name (Last, First, Middle Initial)

Mark Harris Belfer, DO

Mailing Address 10330 N Meridian St Ste 300

City

Indianapolis

State

IN

Zip Code

46290-1024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron General Medical Cen-  
ter

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: C1166422

Amount of Each Receipt this Period

36.50

**SUBTOTAL** of Receipts This Page (optional) .....

283.00

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Janice L Benson, MD

Mailing Address 500 East 51st Street

7th floor, Dept of Fam and Comm Me

City

Chicago

State

IL

Zip Code

60615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Provident HospitalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	1	0

Transaction ID: C1157523

Amount of Each Receipt this Period

45.66

**B.**

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Tennessee State Univ-  
ersityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	7	/	2	0	1	0

Transaction ID: C1147921

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Reid B Blackwelder, MD

Mailing Address 4407 Leedy Rd

City

Kingsport

State

TN

Zip Code

37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
East Tennessee State Univ-  
ersityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

Transaction ID: C1166023

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

245.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert C M Bourne, MD

Mailing Address 1300 E Cooley Dr

City

Colton

State

CA

Zip Code

92324-3905

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beaver Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.69

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1148617

Amount of Each Receipt this Period

30.42

**B.**

Full Name (Last, First, Middle Initial)

June G Bredin, MD

Mailing Address 4924 153Rd PI Sw

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wa DSHS/Rainier School

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1157527

Amount of Each Receipt this Period

30.00

**C.**

Full Name (Last, First, Middle Initial)

Janine E Burgher-Jones, MD

Mailing Address 6811 Ranch Forest Dr

City

Columbus

State

GA

Zip Code

31904-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbus Regional Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 7 / 2 0 1 0

Transaction ID: C1161315

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

310.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary F Campagnolo, MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lumberton Family Physicia-  
ns, LLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C1150089

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary F Campagnolo, MD

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lumberton Family Physicia-  
ns, LLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: C1167040

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David Adam Carlyle, MD

Mailing Address PO BOX 3014  
2309 Buchanan Dr

City

Ames

State

IA

Zip Code

50010-3014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Medicine East

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 0 / 2 0 1 0

Transaction ID: C1157256

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cory D Carroll, MD

Mailing Address 1040 E Elizabeth St Ste 2

City

Fort Collins

State

CO

Zip Code

80524-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: C1161331

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Rene Otto Cash, MD

Mailing Address PO BOX 232

City

West Point

State

VA

Zip Code

23181-0232

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tidewater Physical Multi  
SpecOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	6	/	2	0	1	0

Transaction ID: C1161098

Amount of Each Receipt this Period

24.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Michael Connolly, MD

Mailing Address 7410 Old Erie View Dr

City

Fayetteville

State

NY

Zip Code

13066-9679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Care Medical GroupOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: C1157254

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

574.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven A Crawford, MD

Mailing Address 900 Ne 10Th St

City

Oklahoma City

State

OK

Zip Code

73104-5420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Oklahoma

Occupation

Physician Faculty

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2530.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	1	0

Transaction ID: C1154711

Amount of Each Receipt this Period

230.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 301 Governors Dr Sw

City

Huntsville

State

AL

Zip Code

35801-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of AL Sch of Med -  
Huntsville Re

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	1	0

Transaction ID: C1147583

Amount of Each Receipt this Period

45.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Margaret Crestani, MD

Mailing Address 301 Governors Dr Sw

City

Huntsville

State

AL

Zip Code

35801-5122

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ. of AL Sch of Med -  
Huntsville Re

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	1	0

Transaction ID: C1166020

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John M Croci, MD

Mailing Address 4301 River Rd

City

Toledo

State

OH

Zip Code

43614-5531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Well CareOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

Transaction ID: C1166369

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Allen Joe Daugird, MD

Mailing Address 251 Rosaline Ln

City

Durham

State

NC

Zip Code

27713-6747

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UNCOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	1	0

Transaction ID: C1149903

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prime Care PhysiciansOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	1	0

Transaction ID: C1150082

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1365.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jose M David, MD

Mailing Address 804 Huntington Ct

City

Albany

State

NY

Zip Code

12203-6015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prime Care Physicians

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: C1172199

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Lisa Grill Dodson, MD

Mailing Address 17879 Sundown Ct

City

Lake Oswego

State

OR

Zip Code

97034-7506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OR Health Sciences Medical  
Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: C1155372

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Tamarah L Duperval-Brownlee, MD

Mailing Address 2150 W Irving Park Rd Unit F

City

Chicago

State

IL

Zip Code

60618-3941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158597

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

890.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth Max Eakin, MD

Mailing Address 3 Junction Dr W

City

Glen Carbon

State

IL

Zip Code

62034-2916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Physicians of Madi

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: C1146829

Amount of Each Receipt this Period

91.25

**B.**

Full Name (Last, First, Middle Initial)

Sheridan Scott Evans, MD

Mailing Address 417 Shumate Dr

City

Mckinney

State

TX

Zip Code

75071-7851

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 8 / 2 0 1 0

Transaction ID: C1161881

Amount of Each Receipt this Period

31.50

**C.**

Full Name (Last, First, Middle Initial)

Seth Yawki Flagg, MD

Mailing Address 9129 Bradford Rd

City

Silver Spring

State

MD

Zip Code

20901-4917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USN

Occupation  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 3 / 2 0 1 0

Transaction ID: C1154686

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

157.75

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael O Fleming, MD

Mailing Address 556 Dunmoreland Dr

City

Shreveport

State

LA

Zip Code

71106-6125

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amedisys, Inc.

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	1	0

Transaction ID: C1147924

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Chet M Gentry, MD

Mailing Address 545 Jamestown Rd  
PO Box 805

City

Cookeville

State

TN

Zip Code

38501-3066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

ER Physician, Hospitalist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	6	/	2	0	1	0

Transaction ID: C1154760

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Eugene Gerard, MD

Mailing Address 709 Pear Orchard Rd

City

Elizabethtown

State

KY

Zip Code

42701-2180

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: C1150688

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional) .....

980.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 18 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roland Adolph Goertz, MD

Mailing Address 1600 Providence Dr

City

Waco

State

TX

Zip Code

76707-2261

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Family Practice Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 1 0

Transaction ID: C1157521

Amount of Each Receipt this Period

413.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory K Griggs

Mailing Address NC AFP - Exec Vice Pres  
PO Box 10278

City

Raleigh

State

NC

Zip Code

27605-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NC AFP

Occupation  
NC AFP - Exec Vice Pres

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158599

Amount of Each Receipt this Period

45.66

**C.**

Full Name (Last, First, Middle Initial)

Bob Arvid Grubbs, MD

Mailing Address 9817 Farmington Rd

City

Tuscaloosa

State

AL

Zip Code

35405-9427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University Family Practice

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 1 0

Transaction ID: C1149904

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

823.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Iori J heim, MD

Mailing Address 250 Hollybrook Farm Ln

City

Vass

State

NC

Zip Code

28394-8952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scotland Memorial HospitalOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158592

Amount of Each Receipt this Period

416.63

B.

Full Name (Last, First, Middle Initial)

Creston C Herold, MD

Mailing Address 6375 Mercury Dr Ste 200

City

Mechanicsburg

State

PA

Zip Code

17050-5282

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
West Shore Family PracticeOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: C1156635

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Standish Hoskins, MD

Mailing Address PO BOX 2200

City

Minden

State

NV

Zip Code

89423-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C1150088

Amount of Each Receipt this Period

121.67

SUBTOTAL of Receipts This Page (optional) .....

788.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elvin C Irvin, MD

Mailing Address 555 E Cheves St

City

Florence

State

SC

Zip Code

29506-2617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health Care

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 1 0

Transaction ID: C1161099

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Gary V James, MD

Mailing Address 7177 State Route 1668

City

Marion

State

KY

Zip Code

42064-6353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: C1146805

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Jessica Johnson

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: C1159630

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jessica Johnson

Mailing Address 38 Hall St

City

Newington

State

CT

Zip Code

06111-2553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/AOccupation  
Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 3 1 / 2 0 1 0

Transaction ID: C1167266

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Melody Ann Jordahl, MD

Mailing Address 2650 E. Show Low Lake Road  
Suite 1

City

Show Low

State

AZ

Zip Code

85901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DHHSOccupation  
Resident Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 0 / 2 0 1 0

Transaction ID: C1157537

Amount of Each Receipt this Period

46.00

C.

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multicare Health SystemOccupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 1 / 2 8 / 2 0 1 0

Transaction ID: C1147925

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

146.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christina Marie Kelly, MD

Mailing Address 6502 62Nd Street Ct W

City

University Place

State

WA

Zip Code

98467-4954

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Multicare Health System

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: C1166390

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Laura C Knobel, MD

Mailing Address 3 Freedom Way

City

Walpole

State

MA

Zip Code

02081-2290

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 1 0

Transaction ID: C1161882

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Carl G Knopke, MD

Mailing Address 7950 Harbart Dr

City

Riverside

State

CA

Zip Code

92506-7559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 1 0

Transaction ID: C1161883

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

195.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marianne C LaBarbera, MD

Mailing Address 1776 Richmond Rd

City

Staten Island

State

NY

Zip Code

10306-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: C1157538

Amount of Each Receipt this Period

46.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew L Landers, MD

Mailing Address 741 Dalmore Dr

City

Fayetteville

State

NC

Zip Code

28311-1133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States ArmyOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	1	0

Transaction ID: C1161314

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Alan Lazar, MD

Mailing Address G3230 Beecher Rd Ste 1

City

Flint

State

MI

Zip Code

48532-3604

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLarenOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	1	0

Transaction ID: C1158601

Amount of Each Receipt this Period

45.66

SUBTOTAL of Receipts This Page (optional) .....

456.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W Hugh Leedy, MD

Mailing Address PO Box 134

City

Sandpoint

State

ID

Zip Code

83864-0134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 9 / 2 0 1 0

Transaction ID: C1155374

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Patricia Jean Lindholm, MD

Mailing Address 615 S Mill St

City

Fergus Falls

State

MN

Zip Code

56537-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lake Region Medical Group

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 7 / 2 0 1 0

Transaction ID: C1154770

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Howard C McMahan, MD

Mailing Address PO BOX 779

City

Ocilla

State

GA

Zip Code

31774-0779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158600

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

677.50

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Joseph Meyer, MD

Mailing Address 7030 S Yosemite St

City

Centennial

State

CO

Zip Code

80112-2026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clinix Health Services of  
Colorado

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 2 / 2 0 1 0

Transaction ID: C1157524

Amount of Each Receipt this Period

182.50

**B.**

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City

Matthews

State

NC

Zip Code

28105-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Physician Netwo-  
rk

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 1 0

Transaction ID: C1147922

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin P Mikus, MD

Mailing Address 2407 Plantation Center Dr, Ste 102

City

Matthews

State

NC

Zip Code

28105-6614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Physician Netwo-  
rk

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 7 / 2 0 1 0

Transaction ID: C1166024

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) .....

482.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anne M Montgomery, MD

Mailing Address 104 W 5Th Ave Ste 200W

City

Spokane

State

WA

Zip Code

99204-4803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Empire Hospital Se-  
rvices Associ

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 8 / 2 0 1 0

Transaction ID: C1155192

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Helen Morrow, MD

Mailing Address 11886 Timber Ln

City

North Zulch

State

TX

Zip Code

77872-6733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Physician Assoc-  
iates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1154725

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Julio E Navarro, MD

Mailing Address 927 Mather Dr

City

Bear

State

DE

Zip Code

19701-4945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horizons Family Practice  
PA

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1157530

Amount of Each Receipt this Period

332.00

**SUBTOTAL** of Receipts This Page (optional) .....

457.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Neller

Mailing Address 1118 Shelter Ln

City

Lansing

State

MI

Zip Code

48912-5026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MA AFP

Occupation

Government Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 1 0

Transaction ID: C1154713

Amount of Each Receipt this Period

43.00

**B.**

Full Name (Last, First, Middle Initial)

Carrie E Nelson, MD

Mailing Address 520 W Indiana St

City

Wheaton

State

IL

Zip Code

60187-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McKesson Health Solutions

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 5 / 2 0 1 0

Transaction ID: C1159629

Amount of Each Receipt this Period

31.00

**C.**

Full Name (Last, First, Middle Initial)

Yvette Oquendo, MD

Mailing Address 7442 Weather Worn Way

City

Columbia

State

MD

Zip Code

21046-1480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Potomac Physicians, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158598

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

109.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Javette C Orgain, MD

Mailing Address PO BOX 806527

City

Chicago

State

IL

Zip Code

60680-4126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Illinois

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 1 0

Transaction ID: C1158602

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Maureen O Padden, MD, MPH

Mailing Address 6000 W Highway 98  
COMMAND SUITE

City

Pensacola

State

FL

Zip Code

32512-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US Navy

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 2 / 2 0 1 0

Transaction ID: C1157526

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Elisabeth L Righter, MD

Mailing Address 229 S Morrison St

City

Appleton

State

WI

Zip Code

54911-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WI School  
of Med. & Pub.

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 7 / 2 0 1 0

Transaction ID: C1147923

Amount of Each Receipt this Period

334.00

**SUBTOTAL** of Receipts This Page (optional) .....

494.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elisabeth L Richter, MD

Mailing Address 229 S Morrison St

City

Appleton

State

WI

Zip Code

54911-5725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of WI School  
of Med. & Pub.Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	1	0

Transaction ID: C1166025

Amount of Each Receipt this Period

334.00

**B.**

Full Name (Last, First, Middle Initial)

Kenneth M Ripp, MD

Mailing Address 1402 Slate St

City

Cloquet

State

MN

Zip Code

55720-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raiter ClinicOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	1	0

Transaction ID: C1150086

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

Kenneth M Ripp, MD

Mailing Address 1402 Slate St

City

Cloquet

State

MN

Zip Code

55720-3033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raiter ClinicOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	1	0

Transaction ID: C1167039

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional) .....

404.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jacobco A Rivero, MD

Mailing Address 710 Merwin Ct

City

Zillah

State

WA

Zip Code

98953-9194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Copenish Community Hospit-  
alOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	0	/	2	0	1	0

Transaction ID: C1161311

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Flora F Sadri-Azarbayejani, DO

Mailing Address 427 S Mountain Rd

City

Northfield

State

MA

Zip Code

01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gardner Family MedicineOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	5	/	2	0	1	0

Transaction ID: C1154712

Amount of Each Receipt this Period

43.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical CenterOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	1	0

Transaction ID: C1147926

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

493.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sarah L Sams, MD

Mailing Address 2994 Frazell Rd

City

Hilliard

State

OH

Zip Code

43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 1 0

Transaction ID: C1166391

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Robert William Sander, MD

Mailing Address 2300 Main St

City

Stevens Point

State

WI

Zip Code

54481-3915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ministry Medical Group

Occupation  
family physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 0 / 2 0 1 0

Transaction ID: C1167136

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

George E Schoephoerster, MD

Mailing Address 3702 Sterling Dr

City

Saint Cloud

State

MN

Zip Code

56301-9551

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CentraCare Clinic

Occupation  
Geriatrician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 4 / 2 0 1 0

Transaction ID: C1154709

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

565.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brent William Smith, MD

Mailing Address 267 Sweetwater Run

City

Niceville

State

FL

Zip Code

32578-1663

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	9	/	2	0	1	0

Transaction ID: C1156636

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Brent Smith, MD

Mailing Address 285 Normandy Cir

City

Madison

State

MS

Zip Code

39110-9057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Mississippi  
Medical CentOccupation  
House Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	0	/	2	0	1	0

Transaction ID: C1157241

Amount of Each Receipt this Period

30.50

**C.**

Full Name (Last, First, Middle Initial)

Douglas Alan Spotts, MD

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	1	0

Transaction ID: C1150084

Amount of Each Receipt this Period

45.62

SUBTOTAL of Receipts This Page (optional) .....

441.12

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Alan Spotts, MD

Mailing Address 45 Forestwood Dr

City

Lewisburg

State

PA

Zip Code

17837-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: C1171908

Amount of Each Receipt this Period

45.66

**B.**

Full Name (Last, First, Middle Initial)

Albert M Sterns, MD

Mailing Address 1021 Drexel Pkwy

City

Homewood

State

AL

Zip Code

35209-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N.W Ala Emerg Phys

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 8 / 2 0 1 0

Transaction ID: C1161884

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

John Thomas Stewart, MD

Mailing Address 1108 Englemann Ct

City

Arcadia

State

CA

Zip Code

91801-4762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 1 0

Transaction ID: C1150649

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional) .....

560.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Windel A Stracener, MD

Mailing Address 1050 Reid Pkwy Ste 210

City

Richmond

State

IN

Zip Code

47374-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inpatient Management Inc

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 1 0

Transaction ID: C1154714

Amount of Each Receipt this Period

122.44

**B.**

Full Name (Last, First, Middle Initial)

Stacy J Taylor, MD

Mailing Address 173 E Cotton Hill Rd

City

New Hartford

State

CT

Zip Code

06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ProHealth Physicians LLC

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 1 0

Transaction ID: C1154715

Amount of Each Receipt this Period

43.00

**C.**

Full Name (Last, First, Middle Initial)

John Louis Tychonievich, MD

Mailing Address 23 Brilliant Ave Apt 302

City

Pittsburgh

State

PA

Zip Code

15215-3139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Resident

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 1 0

Transaction ID: C1154726

Amount of Each Receipt this Period

73.00

**SUBTOTAL** of Receipts This Page (optional) .....

238.44

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas J Weida, MD

Mailing Address 845 Fishburn Rd

City

Hershey

State

PA

Zip Code

17033-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hershey Medical Center

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 1 / 2 0 1 0

Transaction ID: C1162464

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Lee Carl Whitaker, MD

Mailing Address 1300 Reserve Way  
Apartment 207

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 1 0

Transaction ID: C1150085

Amount of Each Receipt this Period

45.62

**C.**

Full Name (Last, First, Middle Initial)

Lee Carl Whitaker, MD

Mailing Address 1300 Reserve Way  
Apartment 207

City

Chattanooga

State

TN

Zip Code

37421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 4 / 2 0 1 0

Transaction ID: C1171909

Amount of Each Receipt this Period

45.66

**SUBTOTAL** of Receipts This Page (optional) .....

141.28

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

J Mack Worthington, MD

Mailing Address 1100 E 3Rd St

City

Chattanooga

State

TN

Zip Code

37403-2241

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Tennessee

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 2 / 2 0 1 0

Transaction ID: C1153600

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David K Zetterman, MD

Mailing Address PO BOX 1817

City

Seward

State

AK

Zip Code

99664-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chugachmint

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 1 0

Transaction ID: C1171906

Amount of Each Receipt this Period

35.00

**C.**

Full Name (Last, First, Middle Initial)

David K Zetterman, MD

Mailing Address PO BOX 1817

City

Seward

State

AK

Zip Code

99664-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chugachmint

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 1 0

Transaction ID: C1171907

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 45

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Victor Zimmer, MD

Mailing Address 1818 E Rezanof Dr  
A-0040

City State Zip Code  
Kodiak AK 99615-6505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1158090

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

15469.84

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 45

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6478.12

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 3 / 2 0 1 0

Transaction ID: C1146801

Amount of Each Receipt this Period

958.77

**B.**

Full Name (Last, First, Middle Initial)

American Academy of Family Physicians

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6478.12

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 3 / 2 0 1 0

Transaction ID: C1157532

Amount of Each Receipt this Period

59.01

**SUBTOTAL** of Receipts This Page (optional) .....

1017.78

**TOTAL** This Period (last page this line number only) .....

1017.78

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D109770 <b>Date of Disbursement</b> <div> <div>12</div> <div>02</div> <div>2010</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>9.75</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D109771 <b>Date of Disbursement</b> <div> <div>12</div> <div>06</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25.28</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D109772 <b>Date of Disbursement</b> <div> <div>12</div> <div>06</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>0.81</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**35.84**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 40 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109773

Date of Disbursement

12 / 07 / 2010

Amount of Each Disbursement this Period

1.14

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109774

Date of Disbursement

12 / 09 / 2010

Amount of Each Disbursement this Period

8.87

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109775

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

5.93

SUBTOTAL of Disbursements This Page (optional) .....

15.94

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D109776 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">1.50</td> </tr> </table>	1.50																			
1.50																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D109708 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	3		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">7.15</td> </tr> </table>	7.15																			
7.15																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D109709 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	9		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">16.90</td> </tr> </table>	16.90																			
16.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**25.55**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D109710 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D110368 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	6		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">0.98</td> </tr> </table>	0.98																			
0.98																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) American Express	<b>Transaction ID:</b> D110369 <b>Date of Disbursement</b>																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	7		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bank card processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">7.80</td> </tr> </table>	7.80																			
7.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

13.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852	<b>Transaction ID:</b> D110370 <b>Date of Disbursement</b> <div> <div>12</div> <div>20</div> <div>2010</div> </div>
City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>19.90</div>
<b>B.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D110371 <b>Date of Disbursement</b> <div>12 20 2010</div> <b>Amount of Each Disbursement this Period</b> <div>2.64</div>
<b>C.</b> Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852 City Phoenix State AZ Zip Code 85072-3852 Purpose of Disbursement Bank card processing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D110372 <b>Date of Disbursement</b> <div>12 28 2010</div> <b>Amount of Each Disbursement this Period</b> <div>16.90</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**39.44**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 / 45

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

American Express

Mailing Address PO Box 53852

City  
PhoenixState  
AZZip Code  
85072-3852Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D110373

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	1	0

Amount of Each Disbursement this Period

4.95

**B.**

Full Name (Last, First, Middle Initial)

Bank Of America Merchant Services

Mailing Address WA2-505-01-40  
PO Box 2485City  
SpokaneState  
WAZip Code  
99210-2485Purpose of Disbursement  
Bank card processing fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D109769

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	1	0

Amount of Each Disbursement this Period

404.41

SUBTOTAL of Disbursements This Page (optional) .....

409.36

TOTAL This Period (last page this line number only) .....

539.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stivers for Congress

Mailing Address 81 S 5th St

City  
ColumbusState  
OHZip Code  
43215-4323Purpose of Disbursement  
Campaign contribution - debt retirementCandidate Name  
Mr. Steve StiversCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D109797

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	7		2	0	1	0

Amount of Each Disbursement this Period

5000.00

Debt retirement-gen 2010

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00